

MARGIN RESERVED FOR BINDING. N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH		County <u>Maricopa</u>		State <u>Arizona</u>	
District or Township <u>Littlefield</u>		City <u>Littlefield</u>		No. <u>2351</u>	
2. FULL NAME <u>James R. McRught</u>		(a) Residence No. <u>                    </u>		St. <u>                    </u>	
Length of residence in city or town where death occurred <u>                    </u> yrs. <u>                    </u> mos. <u>                    </u> ds.		How long in U. S. if of foreign birth? <u>                    </u> yrs. <u>                    </u> mos. <u>                    </u> ds.		Ward <u>                    </u>	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of <u>Wife</u> (or) WIFE of <u>                    </u>					
6. DATE OF BIRTH (month, day and year) <u>Nov 10 1927</u>					
7. AGE <u>16</u> Years <u>69</u> Months <u>7</u> Days <u>23</u>	IF LESS than 1 day <u>                    </u> hrs. <u>                    </u> min.				
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business or establishment in which employed (or employer) <u>                    </u> (c) Name of employer <u>                    </u>					
9. BIRTHPLACE (city or town) <u>San Bernardino</u> (State or country) <u>California</u>					
10. NAME OF FATHER <u>James R. McRught</u>					
11. BIRTHPLACE OF FATHER <u>Australia</u> (State or country) <u>                    </u> (city or town) <u>                    </u>					
12. MAIDEN NAME OF MOTHER <u>Sarah W. W. W.</u>					
13. BIRTHPLACE OF MOTHER <u>Australia</u> (State or country) <u>                    </u> (city or town) <u>                    </u>					
14. Informant <u>Records</u> (Address) <u>                    </u>					
15. Filed <u>Nov</u> 19 <u>27</u> <u>Joseph Trehner</u> Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH (month, day, and year) <u>Nov 10 1927</u>					
17. I HEREBY CERTIFY, That I attended deceased from <u>                    </u> , 19 <u>                    </u> to <u>                    </u> , 19 <u>                    </u> , that I last saw h. <u>                    </u> alive on <u>                    </u> , 19 <u>                    </u> , and that death occurred, on the date stated above, at <u>                    </u> m. The CAUSE OF DEATH* was as follows: <u>Blood Poison</u>					
18. Where was disease contracted if not at place of death? <u>                    </u> (duration) <u>                    </u> yrs. <u>                    </u> mos. <u>7</u> ds.					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Littlefield</u> DATE OF BURIAL <u>Nov 12-1927</u>					
20. UNDERTAKER <u>                    </u> ADDRESS <u>                    </u>					